

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

#1559892

SL#22915

8209 63-033631  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED AUG 22 1963

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived at institution: Residence before admission) a. STATE MISSOURI b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 24 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		d. STREET ADDRESS (If outside, give location) STAR ROUTE	
3. NAME OF DECEASED (Type or print) First Middle Last THOMAS J. FORE		4. DATE OF DEATH Month Day Year AUGUST 11, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/12/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (City and state or country) VIDA, MO.	
13a. FATHER'S NAME A. B. FORE		13b. MOTHER'S MAIDEN NAME SARAH STOCKSILL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates) YES WW I		17. INFORMANT CLARA FORE (WIFE) SEE 2C	
18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. INTERVAL BETWEEN ONSET AND DEATH INTESTINAL OBSTRUCTION SECONDARY TO METASTATIC CARCINOMA SECONDARY TO ADENO CARCINOMA OF RECTUM		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 154X	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1/18/63 to 8/11/63 and last saw him alive on 8/11/63 Death occurred at 8:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22a. SIGNATURE (Type or print) ROBERT E. MURRAY, M.D.		22c. DATE SIGNED 8/11/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-13-63	
23c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery		23d. LOCATION (City, town, or county) Phelps Co., Mo.	
24. FUNERAL DIRECTOR Null & Sons Funeral Home, Rolla, Mo.		25. DATE REC'D. BY LOCAL REG. AUG 12 1963	
26. REGISTER'S SIGNATURE R. E. Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James Binkley*

Licensed Embalmer No. *3953*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.